

12.22.04

ATS
JAN

APPLICANT: Jyoti C. Prabhakar DOCKET NO: 5205 P-3005.001

SERIAL NO: 09/578,277

ART UNIT: 2644

FILED: May 25, 2000

FOR: MEDICINE ADMINISTRATION METHOD

EXAMINER: Brian T. Pendleton

Commissioner for Patents
BOX NON-FEE AMENDMENT
Washington, D.C. 20231

December 20, 2004

RESPONSE AFTER FINAL REJECTION

Sir:

This is in response to the office action mailed August 26, 2004 as follows:

REMARKS

Reconsideration of this application is respectfully requested.

Claims 1 & 2 and 4-6 stand rejected as being unpatentable over Newland in view of Sekura et al and further in view of U. S. Patent No. 6,560,165 to Barker.

Claim 3 stands rejected as being unpatentable over Newland and in view of

CERTIFICATION 37 C.F.R. 1.8a and 1.10

(Express Mail Label number is **mandatory**)
(Express Mail certification is optional).

I hereby certify that, on the date shown below, this correspondence is being:


X deposited with the United States Postal Service, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. 1.8a

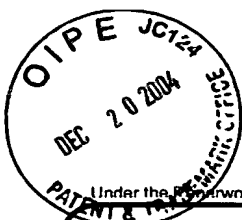
with sufficient postage as first class mail.

37 C.F.R. 1.10

X as "Express Mail Post Office to Addressee" Mailing Label
No. EV 336241908 US (mandatory)


Signature

Date: December 20, 2004



PTO/SB/17 (11-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

| | |
|----------------------|---------------------|
| Application Number | 09/578,277 |
| Filing Date | May 25, 2000 |
| First Named Inventor | Indira C. Prabhakar |
| Examiner Name | Brian T. Pendleton |
| Art Unit | 2644 |
| Attorney Docket No. | 5205.P3005.001 |

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order☒ Deposit Account ☐ NoneDeposit
Account
Number

Deposit
Account
Name

50-0852

REISING ETHINGTON

The Director is hereby authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below
- ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- ☐ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify):**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING FEE**

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid(\$) |
|------------------------|----------|-----------------------|--------------|
| Utility Filing Fee | 790 | 395 | |
| Design Filing Fee | 350 | 175 | |
| Plant Filing Fee | 550 | 275 | |
| Reissue Filing Fee | 790 | 395 | |
| Provisional Filing Fee | 160 | 80 | |
| Subtotal (1) \$ | | | |

FEE CALCULATION (continued)**2. EXTRA CLAIM FEES**

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 | 18 | 9 |
| Each independent claim over 3 | 88 | 44 |
| Multiple dependent claims | 300 | 150 |
| For Reissues, each claim over 20 and more than in the original patent | 18 | 9 |
| For Reissues, each independent claim more than in the original patent | 88 | 44 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

- 20 or HP = x =
HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

- 3 or HP = x =
HP = highest number of independent claims paid for, if greater than 3

| Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------------------|----------|---------------|
|---------------------------|----------|---------------|

Subtotal (2) \$

3. OTHER FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid(\$) |
|-------------------------------------|----------|-----------------------|--------------|
| 1-month extension of time | 110 | 55 | 55.00 |
| 2-month extension of time | 430 | 215 | |
| 3-month extension of time | 980 | 490 | |
| 4-month extension of time | 1,530 | 765 | |
| 5-month extension of time | 2,080 | 1,040 | |
| Information disclosure stmt. fee | 180 | 180 | |
| 37 CFR 1.17(q) processing fee | 50 | 50 | |
| Non-English specification | 130 | 130 | |
| Notice of Appeal | 340 | 170 | |
| Filing a brief in support of appeal | 340 | 170 | |
| Request for oral hearing | 300 | 150 | |
| Other: | | | |
| Subtotal (3) \$ 55.00 | | | |

SUBMITTED BY

| | | | | | |
|-------------------|-------------------------|-----------------------------------|------------|-----------|--------------|
| Signature | <i>Robert L. Farris</i> | Registration No. (Attorney/Agent) | 25,112 | Telephone | 989-799-5300 |
| Name (Print/Type) | ROBERT L. FARRIS | Date | 12/20/2004 | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

12/23/2004 WABDELRI 00000070 500652 09578277

01 FC:2251 5.00 DA 55.00 CP